



Iowa Department of Human Services

INFORMATIONAL LETTER NO.1944-MC-FFS

DATE: September 4, 2018

TO: Psychiatric Medical Institutions for Children (PMIC) Providers

APPLIES TO: Managed Care (MC) and Fee-for-Service (FFS)

FROM: Iowa Department of Human Services (DHS), Iowa Medicaid Enterprise (IME)

RE: Annual Restraint and Seclusion Attestation Letters and Incident Reporting

EFFECTIVE: Upon Receipt

This letter is intended to remind all PMIC providers of the requirement to adhere to federal regulations regarding the use of restraint and seclusion. The Code of Federal Regulations at 42 CFR 483.350 through 483.376 establishes standards for the use of restraint and seclusion in Psychiatric Residential Treatment Facilities (PRTFs) providing inpatient psychiatric services to individuals under age 21.

These rules apply to all PMIC providers enrolled with Iowa Medicaid, and compliance with these [standards for the use of restraints and seclusion in PRTFs¹](#) regulations is a condition of participation in the Iowa Medicaid program. Please review these regulations closely.

Iowa Medicaid policy requires that PMIC providers submit an annual written attestation statement to attest that each facility is in compliance with these standards. The attestation statement must be signed by the facility director. When a new director is appointed, a new written attestation statement must be sent to the state Medicaid agency. Please provide your annual attestation statement by September 30, 2018. This should be sent to:

LeAnn Moskowitz
PMIC Program Manager
Iowa Medicaid Enterprise
100 Army Post Road
Des Moines, IA 50315
lmoskow@dhs.state.ia.us

Incident Reporting:

Additionally, the reporting requirements in this section of the federal regulations require facilities to report **all** serious occurrences such as a resident's death or serious injury to the member's Managed Care Organization (MCO), state Medicaid agency, and the state's designated protection and advocacy agency. Submit MCO incident reporting to:

Amerigroup Iowa
Fax: 844-400-3465
Email: IAincidents@amerigroup.com

¹ <http://www.gpo.gov/fdsys/pkg/CFR-2007-title42-vol1/content-detail.html>

UnitedHealthcare Community Plan

Fax: 855-371-7638

Email: critical_incidents@uhc.com

Serious injury means any significant impairment of the physical condition of the resident as determined by qualified medical personnel. This includes, but is not limited to, burns, lacerations, bone fractures, substantial hematoma, and injuries to internal organs, whether self-inflicted or inflicted by someone else.

To fulfill the reporting requirement, such incident reports should be sent to the PMIC Program Manager at the Iowa Medicaid Enterprise at the above address, the member's MCO as well as to:

Disability Rights Iowa

950 Office Park Road, Suite 221

West Des Moines, IA 50265

Death of a Resident:

In the event of the death of a resident, in addition to reporting the death to the Iowa Medicaid Enterprise, the member's MCO and Disability Rights Iowa at the address as noted above, facilities **must** report the death to the regional office of the Centers for Medicare and Medicaid Services (CMS). This report should be sent to:

CMS – Region 7

Division of Medicaid and Children's Health

Richard Bolling Federal Building, Room 235

601 East 12th Street

Kansas City, MO 64106

All of the above reports must also be documented in the resident's file and in the incident and accident report logs maintained by the facility. The Iowa Department of Inspections and Appeals, which licenses PMIC facilities under Iowa Code chapter 135H, is responsible for ascertaining further compliance with this requirement. The Department of Inspections and Appeals may be contacted at:

Iowa Department of Inspections and Appeals

Health Facilities Division

321 East 12th Street

Des Moines, IA 50319

Please direct questions to LeAnn Moskowitz, PMIC Program Manager at: lmoskow@dhs.state.ia.us or (515) 256-4653.